

**Submit to:**

Department of Natural Resources  
301 Centennial Mall South  
P.O. Box 94676  
Lincoln, Nebraska 68509-4676  
Phone (402) 471 2363

July 2006  
DNR Form OCER

**STATE OF NEBRASKA**  
**DEPARTMENT OF NATURAL RESOURCES**  
**DECOMMISSION/MODIFICATION CERTIFICATION**  
**OWNER USE ONLY**

**FOR DEPARTMENT USE ONLY**

Date Filed \_\_\_\_\_ Owner Code No \_\_\_\_\_ Registration No. \_\_\_\_\_  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ NRD

**SECTION 1:**

A. Well Owner's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

**OR** Company Name \_\_\_\_\_

Attention Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_

B. Well Registration Number: \_\_\_\_\_

C. List complete original well location Legal, Footage and/or GPS Coordinates as it appears in the DNR database.

1. Well location:  $\frac{1}{4}$  of the  $\frac{1}{4}$  of Section \_\_, Township \_\_ North, Range \_\_ E W, \_\_\_\_\_ County.

2. The well is \_\_\_\_\_ feet from the (N S) section line and \_\_\_\_\_ feet from the (E W) section line.

**OR** Latitude Degree: \_\_\_\_\_ Minute: \_\_\_\_\_ Second: \_\_\_\_\_

Longitude Degree \_\_\_\_\_ Minute: \_\_\_\_\_ Second: \_\_\_\_\_

3. Street address or block, lot and subdivisions, if applicable: \_\_\_\_\_

4. Block: \_\_\_\_\_ Lot \_\_\_\_\_

D. Indicate one:

1.a. ☐ I hereby certify that the original water well is a sandpoint well on land owned by me for farming, ranching, or agricultural purposes or as my place of abode and will be decommissioned within 180 days after such construction of the replacement water well. **OR**

b. ☐ I hereby certify that the original water well is on land owned by me for farming, ranching, or agricultural purposes or as my place of abode and will be used but will be modified and equipped within 180 days after such construction of the replacement water well to pump 50 gallons per minute or less.

2. If 1b is checked above, complete the following: The well will be used only for a. ☐ Livestock

b. ☐ Monitoring c. ☐ Observation

d. ☐ nonconsumptive or de minimus use approved by the applicable natural resources district.

3. If 2d is chosen complete use and obtain NRD signature: State use: \_\_\_\_\_

NRD signature \_\_\_\_\_ Date \_\_\_\_\_

**SECTION 2:**

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Water Well Owner's Signature

\_\_\_\_\_  
Date

**The Department reserves the right to request verification of information provided.**